DOCUMENT RESUME

ED 206 252 HE 014 350

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TITLE Evaluation by Participant/Observers.
PUB DATE [81]
NOTE 10p.

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Conferences; *Evaluation Methods; *Evaluators; *Graduate Medical Education; Higher Education; Medical Education; Observation; Physicians; Postdoctoral Education; Professional Continuing Education; *Workshops

ABSTRACT

The participant/observer (P/O) evaluation technique was developed to supplement the standard participant evaluation technique in medical education workshops. The feasibility of using the technique was examined at two conferences: an annual state medical meeting with 26 workshops and a patient education conference with 16 workshops. Volunteers from each workshop pre-registration list were given evaluation responsibilities beyond the standard form that included: becoming familiar with the goals and objectives of the workshop, meeting with the workshop faculty, making observations during the workshop on physical arrangement, observing the teaching techniques used, interacting with other participants and collecting their perceptions, and filling out a form to return to the workshop faculty. Forty out of 42 workshops found the P/O technique a valuable supplement to the standard participant type of evaluation; in two workshops the P/O did not remain for the duration of the workshop. A standard evaluation form on value of topic, level of content presented, and quality of presentation is appended. The P/O Outline requires a comment on the sense of the overall flow of the course, fulfillment of the course objectives, physical set as appropriate for the course, quality of handouts and slides, practicality of the course content, participant reaction, percentage of those remaining for the whole course, the role of the P.O, opinion about repeating the course at a future conference, and a judgment on the course faculty. (CC)

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ED2062252

EVALUATION BY PARTICIPANT/OBSERVERS

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A common evaluation technique for continuing medical education (CME) workshops consists of having the participants fill out an evaluation form regarding various aspects of the workshop.[1] The usefulness of this type of evaluation varies considerably depending on such things as: 1) the specific evaluation form used 2) the percent of forms received from the participants and 3) the amount of thought and effort put into filling out the form.

The participant/observer (P/O) evaluation technique was developed to supplement the standard participant evaluation technique in areas in which it was weak. This was done by having a few participants become more involved in the process of the workshop, and by having them provide more detailed evaluation information about the workshop.

Methodology

The feasibility of using the participant/observer (P/O) was examined at two conferences: an annual state medical meeting with 26 workshops[2] and a patient education conference with 16 workshops. Participants selected from each workshop pre-registration list were asked if he or she would be willing to be a P/O. They were told that as a P/O they would participate in the workshop and, in addition, have evaluation responsibilities that would go beyond what was normally expected. These responsibilities included: 1) becoming familiar with the goals and objectives of the workshop 2) meeting with the workshop faculty 3) making obervations

during the workshop on such things as adequacy of space, lighting and other physical arrangements 4) observing the teaching techniques used 5) interacting with other participants and getting their perceptions of the workshop and 6) filling out a form to give feedback to the workshop faculty. In each of the workshops, in addition to the P/O technique, standard participant evaluation forms were used, (Tables I and II) and in many of the workshops pre and/or post tests were also given. The value of the P/O technique was assessed from the reactions of the conference directors, the workshop faculty, and the P/Os. In addition, the data provided by the P/Os were compared to the participant evaluations.

Results and Discussion

Overall, the results suggested that the P/O technique served as a valuable supplement to the standard participant type of evaluation used. The comparison between the participant evaluations and the P/O observations showed them to be consistent with each other and to also provide different types of information. The participants evaluation provided a reliable index of the overall value of the workshop and the P/O's observations gave insight regarding the strengths and weaknesses. Out of the 42 workshops in which it was tried, it was considered "not useful" in only two. In those two workshops the P/Os could not stay for the duration of the workshop due to patient care responsibilities. In each of the other workshops the P/Os contribution provided information that was considered useful by the conference

workshop faculty and the P/Os.

The conference directors used the P/Os information to fill in on areas where the participant evaluations were not clear. For example, one workshop was expected to be extremely valuable for family physicians but turned out to be poorly received. The P/O pointed out that the speaker was actually promoting his referral service and was not providing useful information to the practicing physicians. The conference directors also used the information to get more ideas from the practicing physicians for future topics of high need, to establish another form of contact with the practitioner, and to get information that would help them select course faculty for future programs. The directors pointed out that they found it useful to select a P/O from each of the sub-populations for which a course was directed. For example, in a workshop designed for family physicians, P/Os could be selected from rural solo and group practices and urban solo and group practices.

The workshop faculty indicated that they appreciated the information because they felt it could help them in their teaching. Several of the faculty spent several hours with the P/Os finding out more about what the P/Os problems were in practice and discussed how he or she could more appropriately address those problems in other workshops. The fact that it was well received by the faculty was probably related to the nonjudgmental and supportive nature of the technique as explained to them.

The P/Os indicated that they enjoyed their role. Several pointed out that they felt the technique could be used to help the faculty to improve upon their teaching and make the content more relevant. Several also pointed out that it only reflected their personal opinion and should be taken in that context. They did not want to be in the position of being judge, jury and executioner. They wanted to be viewed as someone who could provide a useful perspective because they know what it was like "out there in the real world."

The results suggest that the P/O technique can be a useful supplement to the standard participant evaluation. This seemed especially true in the two conferences in which it was used because the large number of workshops occurring simultaneously precluded conference directors from being involved in each workshop. It was also valuable because it provided a useful bridge on a personal level between workshop participants, faculty and conference directors. It is hoped that others will try out the technique in their CME programs and that effort is expended in ways to evaluate CME more effectively. While this technique focused on improving evaluations from participants, more research is certainly needed on other outcome measures of CME.

Table I

Course Evaluation,

Course Title: _____

Please circle your responses.

SPEAKERS	Value of Topic					Level of Content Presented					Quality of Presentation				
	Excel.				Poor	Too Esoteric		Appro-priate		Too Basic	Excel.				Poor
_____	1	2	3	4	5	Eso-1	2	OK-3	4	Bas-5	1	2	3	4	5
_____	1	2	3	4	5	Eso-1	2	OK-3	4	Bas-5	1	2	3	4	5
_____	1	2	3	4	5	Eso-1	2	OK-3	4	Bas-5	1	2	3	4	5
_____	1	2	3	4	5	Eso-1	2	OK-3	4	Bas-5	1	2	3	4	5
_____	1	2	3	4	5	Eso-1	2	OK-3	4	Bas-5	1	2	3	4	5
_____	1	2	3	4	5	Eso-1	2	OK-3	4	Bas-5	1	2	3	4	5
_____	1	2	3	4	5	Eso-1	2	OK-3	4	Bas-5	1	2	3	4	5
_____	1	2	3	4	5	Eso-1	2	OK-3	4	Bas-5	1	2	3	4	5
_____	1	2	3	4	5	Eso-1	2	OK-3	4	Bas-5	1	2	3	4	5

COURSE CONTENT		Excel.				Poor
Overall Value	----	1	2	3	4	5
Breadth	----	1	2	3	4	5
Depth	----	1	2	3	4	5
Practical, Clinical Application	----	1	2	3	4	5
METHOD						
Lectures	----	1	2	3	4	5
Graphics, Slides, Etc.	----	1	2	3	4	5
Opportunity for Discussion	----	1	2	3	4	5
Quality of Discussion	----	1	2	3	4	5
Syllabus Materials	----	1	2	3	4	5
PHYSICAL FACILITIES (Sound, Lighting, Seating)	----	1	2	3	4	5

In general, I would evaluate this course as: Excellent / Good / Fair / Poor

OTHER COMMENTS (Example: Areas not sufficiently covered, course features that were of most or least value, specific suggestions for improvement.)

_____

_____

_____

_____

(Continue on reverse side if desired)

OTHER COURSES I WOULD ATTEND IF OFFERED AT THE NEXT SCIENTIFIC PROGRAM:

_____

_____

_____

(Continue on reverse side if desired)

MY SPECIALTY IS: _____

Please turn in your completed evaluation form and attached attendance slip at the conclusion of the program. Thank You!

Course name _____

Your name _____

Table II

PARTICIPANT/OBSERVER OUTLINE

This form is meant to serve as an outline. Please modify it as you see fit to best serve your course.

1. What was your sense of the overall flow of the course? (Circle one:)

   Comments Very good flow /Good flow /Satisfactory /Poor /Very poor

2. How well did the course fulfill the course objectives as printed in the program?

   (Circle one:) Very well /Well /Satisfactory /Poor /Very poor

   Comments

3. Was the physical set-up appropriate for this course (seating, lighting, etc.)? (Circle one:)

   Comments Very good /Good /Satisfactory /Poor /Very poor

4. What was the quality of:?

   Very good /Good /Satisfactory /Poor /Very poor

Handouts	_____	___	_____	___	_____
Overheads	_____	___	_____	___	_____
Slides	_____	___	_____	___	_____

5. How well was the course organized? (Circle one:)

   Comments Very well done /Well done /Satisfactory /Poor /Very poor

Table II

Page 2, Participant/Observer Outline

6. How practical was the content of the course? (Circle one:)

   Comments Too esoteric /Esoteric /Practical /Slightly basic /Too basic

7. Comments on participant reaction: (Circle one:)

   Comments Very positive /Positive /Neutral /Negative /Very negative

8. What percent of the participants stayed for the whole course? _____

   Comments (e.g. "everyone was totally involved to the end", "half the people left after 30 minutes", etc.)

9. What comments do you have about the role of a participant/observer?

10. What is your opinion about repeating the course at future conferences?

11. Course faculty. (Please judge each member and list (his/her) name where you think it should be.)

Superb	Average	Poor
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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1. Bertram, D.A., Brooks-Bertram, P.A., The Evaluation of Continuing Medical Education. Health Education Monographs, 5:4, 330-362, Winter, 1977.

2. Houge, D.R., Minnesota Medical Association: CME Evaluation, 1979 Annual Meeting. Minn. Med., 63:1, 56-57, Jan. 1980.